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ABSTRACT

This study examined the ability of 56 children with mental retardation and 58 children (grades 1-5) without mental retardation to perform two key social cognitive processes: social perception (the encoding and interpretation of social cues) and the generation of strategies for resolving social conflicts. These processes were assessed as children viewed a series of videotaped vignettes which depicted two types of social conflicts (peer entry or peer provocation) and which also varied according to the type of intentions portrayed. Results indicated that children with mental retardation: (1) had greater difficulty in the encoding and interpretation of benign intention cues; (2) generated fewer assertive strategies and had greater difficulty generating different strategies as a function of shifting social conflicts; and (3) like children without mental retardation, shift their strategies based on whether or not they interpret another child's intentions as "mean." The importance of social perception in guiding how children with mental retardation respond to varied social conflicts is discussed. (Author/CR)

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Social Perception and Strategy Generation: Two Key Social Cognitive Processes in Children with Mental Retardation

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ABSTRACT

The current study examined the ability of 56 children with mental retardation (MR)(mean IQ = 62.5) and 58 children without MR, in grades 1 through 5, to perform two key social cognitive processes: social perception (the encoding and interpretation of social cues) and the generation of strategies for resolving social conflicts.

These processes were assessed as children viewed a series of 18 videotaped vignettes, which depicted two types of social conflicts (peer entry or peer provocation) and which also varied according to the type of intentions portrayed(hostile, ambiguous, or benign).Results showed that:

- Children with MR had greater difficulty than children without MR in the encoding and interpretation of benign intention cues.
- Children with MR generated fewer assertive strategies than children without MR and had greater difficulty generating different strategies as a function of shifting social conflicts than children without MR.
- Children with MR, like children without MR, shift their strategies based on whether or not they interpret another child's intentions as "mean".

The results highlight the importance of social perception in guiding how children with MR respond to varied social conflicts.

INTRODUCTION

One of the challenges that educators who work with children with mental retardation face is to understand and help ameliorate the difficulties in social functioning that these children experience. These challenges have become more critical given that:

1) The current movement toward inclusion poses new social challenges for children with mental retardation.

2) Existing intervention approaches aimed at improving the social functioning of children with mental retardation have had an inconsistent record of success.

Recent social cognitive models, specifically the social information processing model (Crick & Dodge, 1994; Dodge, 1986) provide the field with a framework by which to understand the limitations of past social skills interventions and to guide future research and instructional programming for children with mental retardation.

Mental retardation, by definition, is a condition characterized by significantly subaverage intellectual

functioning existing concurrently with related limitations in adaptive skills. Children with mental retardation who have milder forms of cognitive impairment experience limitations in adaptive skills primarily in the area of social functioning. We believe that by examining social cognitive processing abilities, we will help to illuminate the linkage between these children's limitations in intellectual functioning and the difficulties in adaptive behavior that they experience.

The current study focused on two key social cognitive processes identified by the child development literature as contributing to children's social competence: social perception (the encoding and interpretation of social cues) and the generation of strategies for resolving social conflicts.

AIMS

1. To examine the ability of children with mental retardation to encode and interpret social cues respresenting another child's intentions.

2. To examine the ability of children with mental retardation to generate social strategies in response to shifting social conflicts.

3. To examine the relationship between children's interpretation of another child's intentions and their selection of a social strategy.

METHOD

Participants consisted of 56 children with and 58 children without mental retardation in grades 1 through 5 (ages 7.0 to 11.9), in 8 urban elemenatary schools. The children with mental retardation ranged in IQ from 50 to 75 (mean = 62.5, sd = 6.1).

We assessed two social cognitive processes, social perception and strategy generation, by showing all children a series of videotaped vignettes (Dodge, Bates, & Pettit, 1990; Leffert & Siperstein, 1996). The vignettes depicted two types of social conflicts (peer entry or peer provocation) and also varied according to the type of intentions portrayed by the peer toward the protagonist (hostile, ambiguous, or benign). After viewing each vignette, children were asked a series of questions which assessed:

1) encoding of the social conflict;

2) encoding of social cues indicating benign intentions that were embedded in six of the vignettes;

3) interpretation of the peer's intentions toward the protagonist (as "mean" or "not mean"); and

4) the generation of a strategy for resolving the social conflict.

STATISTICAL DESIGN

Children's responses were analyzed employing a series of ANOVAs in which Group (children with and without mental retardation) and Grade (three levels consisting of grades 1 and 2, grade 3, and grades 4 and 5) were between-subjects variables and Story Intention Cue (hostile, ambiguous, or benign) and Social Conflict Type (peer entry, peer provocation) served as within-subjects variables.

RESULTS: SOCIAL PERCEPTION

- Children with mental retardation had greater difficulty encoding benign intention cues than children without mental retardation.

- Children with mental retardation had greater difficulty interpreting benign intention cues than children without mental retardation, particularly when the social conflict involved peer entry.

- Younger children, both with and without mental retardation, had greater difficulty than older children interpreting benign intention cues when the social conflict involved peer entry

- Children without mental retardation "discounted" the benign intention cues (understood what the cues meant but disbelieved the peer's sincerity) in the peer provocation conflict while children with mental retardation did not discount benign intention cues.

Table 1

Encoding of Benign Intention Cues *

Type of Social Conflict *

Group	Peer Entry	Peer Provocation
Children with MR	60%	70%
Children without MR	81%	88%

* Mean percentage for encoding benign intention cues

Table 2

Interpretation of Benign Intention Cues *

Group	Type of Social Conflict: Peer Entry	Type of Social Conflict: Peer Provocation
Children with MR	48%	47%
Children without MR	37%	53%

* Mean percentage frequencies for perceiving "mean" intentions when vignettes contained benign intention cues

RESULTS: STRATEGY GENERATION

- Younger children with and without mental retardation did not differ in their generation of strategies while older children in the two groups did.

- Older children with mental retardation generated fewer assertive strategies than children without mental retardation.

- Children with mental retardation had more difficulty generating different strategies in response to shifting social conflicts than children without mental retardation.

Table 3

Generation of Social Strategies *

Type of Stategy

Group	Aggressive	Assertive	Accommodating	Appeal to Authority	Avoidant
Children with MR	17%	13%	13%	27%	22%
Children w/o MR	9%	25%	17%	14%	38%

* Percentage of total strategies generated

Table 4

Generation of Social Strategies

Assertive Strategies*

Group	Peer Entry Conflict	Peer Provocation Conflict
Children with MR	6%	18%
Children w/o MR	16%	34%

Generation of Social Strategies:

Avoidant Strategies*

Group	Peer Entry Conflict	Peer Provocation Conflict
Children with MR	33%	12%
Children w/o MR	49%	15%

* Percentage of total strategies generated

RESULTS: CONNECTION BETWEEN SOCIAL PERCEPTION AND STRATEGY GENERATION

- Both children with and without mental retardation generated a higher frequency of accomodating strategies when they interpreted benign and ambiguous intention cues as "not mean".

- Both children with and without mental retardation generated a higher frequency of appeal to authority and avoidant strategies when they interpreted benign and ambiguous intention cues as "mean".

(Note: Children with mental retardation mostly generated appeal to authority strategies while children without mental retardation mostly generated avoidant strategies.)

- Older children without mental retardation generated a higher frequency of assertive strategies when they intepreted benign and ambiguous intention cues as "mean". Children with mental retardation infrequently generated assertive strategies.

Table 5

Connection between Social Perception and Strategy Generation

If they interpreted the peer's intentions as:

	"Mean" Stategy Generated *			"Not Mean" Strategy Generated *		
Group	Accommodating	Appeal to Authority	Avoidant	Accommodating	Appeal to Authority	Avoidant
Children with MR	3%	35%	22%	35%	16%	14%
Children w/o MR	4%	17%	32%	50%	10%	19%

* Percentage of total strategies generated

CONCLUSIONS

- Children with mental retardation are often unable to focus simultaneously on two pieces of potentially conflicting information: a negative event and expressed benign intentions.

- Children with mental retardation interpret another child's intentions, such as "mean", simply on the basis of the negative action that occurs in a conflict situation. They have difficulty recognizing that a child's mental state, i.e. intentions, can be different from the result of the child's actions.

- Children with mental retardation have difficulty adjusting their strategies to fit shifts in the social conflict.

- Unlike children without mental retardation, children with mental retardation are often guided by a general preference in their selection of strategies. For example, they generated appeal to authority strategies regardless of the type of conflict. This preference may reflect their focus on rule violation as the most salient feature of the conflict, or excessive reliance on adult authority to interpret and referee conflicts.

- Children with mental retardation, like children without mental retardation, vary their strategies based on whether or not they interpret another child's intentions as "mean".

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